
4

CONSERVATOR OF THE PERSON

Caring for the Conservatee's Personal Needs

As a **conservator of the person**, you are responsible for making sure that the conservatee's physical health, food, clothing, shelter, safety, comfort, recreation, and social needs are met. Your goal is to provide the best quality of life possible for the conservatee. You must treat the conservatee with respect, making choices that encourage this person's self-esteem and dignity.

Special Note for Limited Conservators

If you are a conservator of the person in a **limited conservatorship**, the order appointing you and your Letters of Conservatorship will specify those areas you are allowed to manage.

Read Chapter 3 on limited conservatorships and then look through this chapter to read about the particular areas you are authorized to handle.

SUMMARY OF TIMELINE AND RESPONSIBILITIES FOR A CONSERVATOR OF THE PERSON

- Step 1** You are appointed and qualify as conservator of the person.
- Step 2** Obtain your Letters of Conservatorship and use certified copies of these Letters to notify the conservatee's doctors, health insurers, and other interested parties that you are authorized to act on the conservatee's behalf.
- Step 3** Figure out what help the conservatee needs and draw up a plan for meeting those needs (your plan of conservatorship). Your court may require you to file this plan or a status report concerning the conservatee's present condition and circumstances. Check with your lawyer to see what requirements your court has. **L**
- Step 4** Take care of the conservatee's urgent needs.
- Step 5** Arrange for the conservatee's
- Living situation
 - Health care
 - Meals
 - Clothing
 - Personal care
 - Housekeeping
 - Transportation
 - Recreation
- Step 6** You will serve as conservator until a judge officially releases you from your duties. This may happen if you resign and the court accepts your resignation, the conservatee dies, a judge replaces you with a new conservator, or a judge decides the conservatee doesn't need a conservator any longer.

1. Getting Started

Once you have been appointed conservator of a person, you will need to take certain steps to qualify to serve and obtain your **Letters of Conservatorship** authorizing you to act as conservator. Next, you should give **certified copies** of your Letters to the conservatee's doctor, dentist, and other key people to let them know that you are handling the conservatee's personal affairs. Then you should evaluate the conservatee's abilities and needs and develop a plan for meeting your responsibilities on an ongoing basis. If you are represented by a lawyer, you should discuss all of the tasks involved and decide who will be responsible for each. **L**

A. Qualifying to Serve as Conservator of the Person

Once you have been appointed as either limited or **general conservator** of a person, you must qualify by

- Signing an acknowledgment that you received a statement of the duties and liabilities of the office of conservator, and also that you received a copy of this handbook. (This acknowledgment is on the official statement of a conservator's duties and liabilities, **Judicial Council** form GC-348, entitled *Duties of Conservator and Acknowledgment of Receipt of Handbook*. A copy of this form is included in Appendix F, at the back of this handbook.)
- Signing an oath, also called an affirmation, that you will perform your duties as conservator according to law. (This affirmation is on Judicial Council form GC-350, *Letters of Conservatorship*.)
- Satisfying any other requirements that your local probate court may have.

See Chapter 1, Section 6, concerning the duties of a spouse or domestic partner of a conservatee when there are possible changes in the conservatee's marital or domestic partnership status.

B. Obtaining and Using Letters of Conservatorship

When you have qualified, you must obtain your Letters of Conservatorship from the court clerk's office. The Letters authorize you to act as conservator and are proof to others of your authority.

You will often need certified copies of your Letters to prove that you are authorized to act on behalf of the conservatee. For example, doctors, hospitals, health insurance companies, and nursing homes may not honor your requests on the conservatee's behalf until they have seen certified copies of your Letters.

See Chapter 1, Section 3, for more information about qualifying, Letters of Conservatorship, and obtaining certified copies of your Letters.

C. Assessing the Conservatee's Needs

Helping the conservatee stay self-reliant and active requires different forms of assistance for every individual. The conservatee's emotional and physical needs must be taken into account. Even if you've been close to the person you are going to help, now that you are conservator, take a fresh look at his or her needs and find out what services are available to meet them.

Chapter 6 includes a worksheet to help you assess the conservatee's needs. You also may want to have a professional assist you; check with the social work department of your local hospital, a **regional center**, or the **court investigator** to get a referral to a community-based agency that provides **assessment** services. If there is a fee for this assessment service, the court may allow estate funds to be used to reimburse you for the cost. **L**

D. Working with the Conservator of the Estate

You need to find out what financial resources are available for taking care of the conservatee. If someone else, such as a **conservator of the estate** or a **trustee**, is handling the conservatee's property, the two of you must work together. Talk with this person to be sure you make arrangements for care that the conservatee can afford. This is important because you may have to pay out of your own pocket for expenditures that were not approved by the person who handles the conservatee's finances.

E. Working with the Conservatee

Help the conservatee do as much as possible for himself or herself, and let the conservatee have as much independence as he or she can handle. You should involve the conservatee as much as possible in your decisions. Even seriously impaired people can choose the color of their clothing or a type of hand lotion, for example. When you must decide for the conservatee, try to make choices that respect the conservatee's stated preferences, personal independence, dignity, and lifestyle.

Remember, though, that in the end, you are the decision maker, and the court will hold you responsible.

F. Developing Your Plan of Conservatorship

Chapter 6, Section 1, of this handbook explains how you can prepare a plan for the care of your conservatee and the value of such a plan. Whether you are conservator of the person, conservator of the estate, or both, the plan will be extremely useful in helping you identify the conservatee's needs and keep track of all your duties. Some courts require conservators in all cases to prepare formal written plans and to **file** them with the court, and all courts may direct preparation and filing of formal plans in some cases. For example, a court may order a formal plan when the judge believes that the conservatee's estate will be sufficient to support him for the rest of his life only if the conservator makes specific plans to meet that goal. Whether or not the court directs you to prepare and file a formal **conservatorship plan**, it is recommended that you prepare and maintain one for your own use, at least informally. Speak with your lawyer about your court's specific requirements. **L**

It is also a very good idea to review and adjust your plan periodically, particularly if you are conservator of the estate as well as conservator of the person. Periodic review and adjustment is useful because changing financial conditions or other unexpected events can affect the estate. A conservatee's daily needs are also likely to change over time. For more information, read Chapter 6, Section 2.

G. Keeping the Court Informed of Address Changes

If the conservatee's residence address or telephone number changes after your appointment, you must promptly notify the court of the change by completing and delivering to the court, in person or by mail, a form notice of the change. A sample of this form is included in Appendix F, at the back of this handbook. It is Judicial Council form GC-080, called *Change of Residence Notice*.

Your lawyer will have, or can get, copies of the change-of-address form. Your lawyer will prepare it and will arrange for its delivery to the court, so you must be sure your lawyer is informed before the conservatee's residence address or telephone number is changed. **L**

If you don't have a lawyer, you can get copies of the form from the court, or you can get them from the other sources described in Appendix F. Your court may impose a time limit for you to give the information to the court. The Superior Court of Los Angeles County, for example, requires that it be supplied within 30 days of the date of the change.

You must notify the court of any change in your address or telephone number if you are representing yourself. Your court may also require that you provide this information even if you are represented by a lawyer, or it may require that you provide current statements of your address and telephone number, and those of the conservatee, with every **accounting**, even if the information has not changed. The court may have a local form for this purpose. If not, you may provide the information by letter. Even if it is not a requirement of your court, it is a good idea to advise the court of any changes in your address and telephone number. Advise the court investigator as well.

Include the conservatorship case name and the court's case number in any letter you send to the court. Address your letter to the clerk of the court, not to the judge. If you are in a large county, address it to the probate clerk. Send it to the address of the court where your appointment hearing was held. Send a copy of your correspondence to the court investigator's office. That office will usually be in the same location as the court, but you should check to make sure.

2. Deciding Where the Conservatee Will Live

One of your most important duties as conservator of a person is to decide where the conservatee should live, unless the judge has told you that you may not move the conservatee to a new home. A conservatee must remain in California unless a judge says otherwise.

It's usually best for the conservatee to stay in his or her home if help and equipment are available and affordable to make the residence safe and comfortable. But wherever the conservatee lives, you are responsible for seeing that the home is safe and comfortable and allows the conservatee as much independence as possible.

A. Arranging for the Least Restrictive, Appropriate Home Setting

When you are deciding where the conservatee will live, remember that California law requires you to choose the “least restrictive, appropriate” home available that is in the conservatee’s best interests and meets his or her needs.

To find the least restrictive, appropriate living situation, choose a place that offers the services that the conservatee needs to live as independently as possible. In some cases, the conservatee’s home may be the least restrictive, appropriate setting with help from an **aide** and the use of community services. The conservatee may have more freedom and feel less threatened at home than in any other setting. However, you should also consider whether the conservatee has enough contact with other people and receives enough mental stimulation at home.

On the other hand, consider a frail conservatee who can walk but wanders and could be hurt by a fall. In a care facility that has adequate staff and a safe environment, this person can enjoy the freedom to walk around.

If the conservatee suffers from **dementia**, a form of mental impairment of which Alzheimer’s disease is an example, you may have to move him or her to a special kind of care facility, known as a **secured-perimeter residential care facility**. This is a care facility that specializes in the care and treatment of people with dementia. It is designed to prevent patients from wandering off the premises while impaired. If you want to arrange for this kind of placement, you must first ask the court for its permission, after a hearing for which the court must appoint a lawyer for the conservatee. If you have been advised or believe that the conservatee may be suffering from dementia, you should talk to your lawyer before you make any placement decision. **L**

In deciding where the conservatee should live, consider the conservatee’s finances, desires, tastes, lifestyle, care or personal assistance needs, and medical condition. Most people prefer to stay in their own homes rather than move into a care facility, but individual preferences vary. Determine where and how the conservatee would like to live, and see if those wishes make sense in view of the conservatee’s needs and finances. Remember to check with the person who handles the conservatee’s finances to find out what the conservatee can afford.

WAYS TO HELP THE CONSERVATEE LIVE AT HOME AS INDEPENDENTLY AS POSSIBLE

- If the conservatee owns his or her home, there are ways to borrow against it to pay for extra help needed to keep the conservatee at home. There also are ways to sell the home and allow the conservatee to live there as a tenant. Chapter 5, Section 7(G), explains these alternatives.
- Hire part-time or full-time in-home aides to prepare meals, do laundry, help the conservatee take medicine, and perform other personal-care tasks.
- Make changes to the building such as replacing stairs with ramps or widening doorways to accommodate a wheelchair, walker, or hospital bed. You may have to move the conservatee temporarily during major cleaning or repairs.
- Have the conservatee's home and yard thoroughly cleaned, to get rid of debris and unsanitary conditions.
- Remove fire hazards and buy fire extinguishers and smoke detectors.
- Have the locks changed or a security system installed, or both.
- Contact the gas, electricity, water, garbage, and telephone companies to continue service.
- If the conservatee is a renter, ask the landlord to make needed repairs.
- Ask nearby family members, friends, and neighbors to look in on the conservatee and help with shopping or take the conservatee to medical and dental appointments or on recreational outings. You might offer to pay their reasonable out-of-pocket expenses.

B. Moving the Conservatee to a Care Facility

The time may come when it is necessary because of physical or financial limitations to move a conservatee from his or her own home. This is a drastic step and should not be taken simply for the convenience of others. The decision must be based on the conservatee's needs, preferences, and best interests. Avoid making last-minute decisions by thinking through this possibility in advance.

If you decide that the conservatee can no longer live at home, it is your responsibility to find the most appropriate living situation. To help you decide, do the following:

- Work with the conservator of the estate to figure out how much the conservatee can afford to pay for care, housing, and other living expenses.
- Speak with the conservatee and his or her doctors and relatives to decide what kinds of help the conservatee needs each day. You also might consult an agency that can help with this assessment.
- Decide what type of facility can best take care of the needs you have identified.
- Contact a senior center or the local long-term care **ombudsman** program of the California Department of Aging for recommendations (see Appendix B, “How to Find and Use Community Resources,” at the back of this handbook).
- Visit the recommended care facilities and use the “Checklist for Selecting a Care Facility,” later in this chapter.

The more care a facility offers, the more it costs to live there. For example, skilled-nursing facilities are much more expensive than board-and-care homes.

TYPES OF CARE FACILITIES

- *Board-and-care facilities* provide a room, maid service, and meals. Sometimes they offer recreational opportunities or transportation assistance.
- *Intermediate-care facilities* provide a room; meals and mealtime assistance; and help with dressing, bathing, grooming, and other personal hygiene and with medication management and other personal-care needs. Nursing care is available every day, but not around the clock.
- *Skilled-nursing facilities* provide the services of an intermediate-care facility plus physical and occupational therapy and 24-hour-a-day nursing care, supervised by a doctor.
- *Secured-perimeter* or locked facilities provide the same types of services as board-and-care, intermediate-care, and skilled-nursing facilities, with the addition of a security system that prevents residents from leaving the facility. **Secured-perimeter facilities** are designed for people with dementia who

otherwise might wander off the grounds and become lost while confused. The security systems range from simple locked doors or gates to a complex alarm system. These facilities can be chosen only when the conservatee needs this safety precaution and only when the court has given the conservator specific authority to place the conservatee in this type of facility.

- ***Continuing-care retirement communities***, sometimes called life-care communities, offer a variety of living situations and levels of care. The community may have independent apartments or cottages with kitchens as well as a skilled-nursing facility. There may be a dining room to serve residents in the independent-living units, or meals may be delivered to residents. The community may offer maid service and other assisted-living services.

Care facilities must be licensed by appropriate state agencies. A license means that the facility meets minimum safety standards. Licensing inspectors visit the facility each year, and they respond to complaints about the care facility. If you choose a care facility, be sure it's licensed.

The California Department of Social Services licenses board-and-care homes. The California Department of Health Services licenses intermediate-care and skilled-nursing facilities.

The Continuing Care Contracts Program of the California Department of Social Services also must certify a continuing-care facility whenever it promises to provide **life care** (usually personal care and health care) for more than one year in exchange for an entrance fee, monthly fees, or both. Check with this office before signing up with a continuing-care facility, to make sure the facility is certified. It is very important to check the facility's financial stability, to make sure it is financially strong enough to stay in operation long enough to fulfill its long-term promises.

For telephone numbers and other information regarding licensing and certification agencies for care facilities, see Appendix B, "How to Find and Use Community Resources," at the back of this handbook.

With respect to care facilities, remember:

- As with any change of the conservatee's residence address or telephone number, when you move the conservatee to a care facility for the first time, or when you move him or her to a different care facility, you must complete and deliver to the court Judicial Council form GC-080, ***Change of Residence Notice***, referred to in Section 1(G).

- You may not move the conservatee to a facility outside California without first getting a judge's approval. The petition you must file for this approval is Judicial Council form GC-085, *Petition to Fix Residence Outside the State of California*. The court's order approving the move is prepared on Judicial Council form GC-090, *Order Fixing Residence Outside the State of California*. Blank copies of both forms are included in Appendix F, at the back of this handbook.
- You need a judge's approval before you may sell the conservatee's home or former home. This is in addition to the court's involvement in the sale process itself. See Chapter 5 for more information about selling a conservatee's property.

CHECKLIST FOR SELECTING A CARE FACILITY

If you decide that the most appropriate, least restrictive setting for the conservatee is a care facility, visit recommended facilities to decide which one to choose. The following questions will help you find out about the facility. Many of these questions are reprinted with permission from the American Association of Retired Persons. Most of them apply to skilled-nursing facilities, but you will find many of them useful in evaluating other kinds of care facilities as well.

GENERAL QUESTIONS

YES	NO	Ask the Facility Administrator:
<input type="checkbox"/>	<input type="checkbox"/>	Is the facility licensed by the appropriate state department? The license should be posted in an obvious place. (California Department of Social Services licenses board-and-care homes; California Department of Health Services licenses intermediate-care and skilled-nursing facilities).
<input type="checkbox"/>	<input type="checkbox"/>	If it is a skilled-nursing facility, is the administrator licensed by the state Board of Nursing Home Administrators? The license should be posted in an obvious place.
<input type="checkbox"/>	<input type="checkbox"/>	If the facility is advertised as a life-care or continuing-care facility, does it have a valid certificate of authority from the Continuing Care Program of the California Department of Social Services?

CHECKLIST FOR SELECTING A CARE FACILITY

GENERAL QUESTIONS

YES	NO	Ask the Facility Administrator (continued):
<input type="checkbox"/>	<input type="checkbox"/>	Have there been any citations by the licensing authority?
<input type="checkbox"/>	<input type="checkbox"/>	If so, have the problems been corrected?
<input type="checkbox"/>	<input type="checkbox"/>	Is the facility certified to receive Medicare and Medi-Cal payments? Ask for a copy of the facility's last certification report.
<input type="checkbox"/>	<input type="checkbox"/>	Does the facility offer rehabilitation therapies such as occupational, physical, and speech therapy?
<input type="checkbox"/>	<input type="checkbox"/>	Are residents allowed to wear their own clothes?
<input type="checkbox"/>	<input type="checkbox"/>	Are residents allowed to decorate their rooms?
<input type="checkbox"/>	<input type="checkbox"/>	Are residents allowed to keep some of their own possessions, including furniture?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a place for private visits with family and friends?
<input type="checkbox"/>	<input type="checkbox"/>	Are the visiting hours convenient for residents and visitors?
<input type="checkbox"/>	<input type="checkbox"/>	Is a list of residents' rights posted in an obvious place?
<input type="checkbox"/>	<input type="checkbox"/>	Are the rooms well-ventilated? At what temperature are rooms kept? _____°F.
<input type="checkbox"/>	<input type="checkbox"/>	Can residents have a say in choosing roommates?
<input type="checkbox"/>	<input type="checkbox"/>	Are social services available to residents and their families?
<input type="checkbox"/>	<input type="checkbox"/>	Does the facility have recreational, cultural, intellectual, or religious activities?
<input type="checkbox"/>	<input type="checkbox"/>	Are there group and individual activities? Ask to see a schedule of events.
<input type="checkbox"/>	<input type="checkbox"/>	Are activities offered for residents who are confined to their rooms?
<input type="checkbox"/>	<input type="checkbox"/>	Is there an activities coordinator on staff?

CHECKLIST FOR SELECTING A CARE FACILITY

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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents encouraged—but not forced—to take part in activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do staff members assist residents in getting from their rooms to activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents encouraged to participate in activities outside the facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do residents have the opportunity to attend religious services and talk with clergy in and out of the facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are barber and beautician services available? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility provide transportation for residents? |
| | | Does each resident have: |
| <input type="checkbox"/> | <input type="checkbox"/> | A reading light? |
| <input type="checkbox"/> | <input type="checkbox"/> | A comfortable chair? |
| <input type="checkbox"/> | <input type="checkbox"/> | A closet? |
| <input type="checkbox"/> | <input type="checkbox"/> | A chest of drawers for personal belongings? |

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| YES | NO | Ask Yourself: |
| <input type="checkbox"/> | <input type="checkbox"/> | If the facility is a locked or secured-perimeter facility, do you have the specific court authorization to place the conservatee in this type of facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility near the conservatee's family and friends? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility conveniently located on a bus route? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the atmosphere warm, pleasant, and cheerful? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a sense of fellowship among the residents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility administrator courteous and helpful? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are staff members cheerful, courteous, and enthusiastic? |

CHECKLIST FOR SELECTING A CARE FACILITY

GENERAL QUESTIONS

YES	NO	Ask Yourself (continued):
<input type="checkbox"/>	<input type="checkbox"/>	Do staff members show residents genuine interest and affection?
<input type="checkbox"/>	<input type="checkbox"/>	Do staff members seem attentive to residents' needs? (If they are watching TV, for example, they may not be attentive to residents.)
<input type="checkbox"/>	<input type="checkbox"/>	Do the residents look well cared for and content?
<input type="checkbox"/>	<input type="checkbox"/>	Do staff members appear to treat residents with dignity and respect? (For example, do staff members knock before they enter residents' rooms?)
<input type="checkbox"/>	<input type="checkbox"/>	Do residents, visitors, and volunteers speak favorably about the facility?
<input type="checkbox"/>	<input type="checkbox"/>	Is the facility clean and orderly?
<input type="checkbox"/>	<input type="checkbox"/>	Does the temperature seem comfortable and the rooms well ventilated?
<input type="checkbox"/>	<input type="checkbox"/>	Is the facility reasonably free of unpleasant odors?
<input type="checkbox"/>	<input type="checkbox"/>	Do bathing and toilet facilities offer adequate privacy?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a curtain or screen available to give each bed privacy?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a public telephone for residents' use?
<input type="checkbox"/>	<input type="checkbox"/>	Is fresh drinking water within reach?
<input type="checkbox"/>	<input type="checkbox"/>	Is suitable space available for recreational activities?
<input type="checkbox"/>	<input type="checkbox"/>	Are tools and supplies provided for recreational activities?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a lounge where residents can talk, read, play games, watch television, or just relax away from their rooms?
<input type="checkbox"/>	<input type="checkbox"/>	Does the facility have a yard or outdoor area where residents can get fresh air and sunshine?
<input type="checkbox"/>	<input type="checkbox"/>	Are there wheelchair ramps?

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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are toilet and bathing facilities easy for physically impaired residents to use? |
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SAFETY QUESTIONS

YES	NO	Ask the Facility Administrator:
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- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the furniture attractive, comfortable, and easy for physically impaired people to get into and out of? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an automatic sprinkler system? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there portable fire extinguishers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there automatic emergency lighting? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the smoke detectors, automatic sprinkler system, and automatic emergency lighting in good working order? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there fire drills for staff and residents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a smoking policy for staff, residents, and visitors?
What is it? |

Are there nurse call buttons and emergency call buttons:

- | | | |
|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | At each resident's bed? |
| <input type="checkbox"/> | <input type="checkbox"/> | At each toilet? |
| <input type="checkbox"/> | <input type="checkbox"/> | At each bathing facility? |

YES	NO	Ask Yourself:
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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are smoking policy rules observed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility free of obvious risks, such as obstacles, hazards, and unsteady chairs? |

CHECKLIST FOR SELECTING A CARE FACILITY

SAFETY QUESTIONS

YES	NO	Ask Yourself (continued):
<input type="checkbox"/>	<input type="checkbox"/>	Are there grab bars in toilet and bathing facilities and on both sides of hallways? Ask to see the bathrooms.
<input type="checkbox"/>	<input type="checkbox"/>	Do bathtubs and showers have nonslip surfaces?
<input type="checkbox"/>	<input type="checkbox"/>	Do all rooms open onto a hallway?
<input type="checkbox"/>	<input type="checkbox"/>	Are exits clearly marked and exit signs illuminated?
<input type="checkbox"/>	<input type="checkbox"/>	Are exit doors unobstructed and can they be unlocked from inside?
<input type="checkbox"/>	<input type="checkbox"/>	Are doors to stairways kept closed?
<input type="checkbox"/>	<input type="checkbox"/>	Is the facility well lighted?
<input type="checkbox"/>	<input type="checkbox"/>	Are hallways wide enough to allow wheelchairs to pass each other easily?
<input type="checkbox"/>	<input type="checkbox"/>	Is an emergency evacuation plan posted in a prominent place?

HEALTH SERVICE QUESTIONS

YES	NO	Ask the Facility Administrator:
<input type="checkbox"/>	<input type="checkbox"/>	In case of medical emergencies, is a doctor available at all times, either on staff or on call? Ask for the names of doctors on staff or on call.
<input type="checkbox"/>	<input type="checkbox"/>	Does the facility allow residents to be treated by doctors of their own choosing?
<input type="checkbox"/>	<input type="checkbox"/>	Are residents involved in planning their own care?
<input type="checkbox"/>	<input type="checkbox"/>	Is confidentiality of medical records assured?
<input type="checkbox"/>	<input type="checkbox"/>	Has the facility made arrangements with a nearby hospital for quick transfer in an emergency?

CHECKLIST FOR SELECTING A CARE FACILITY

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| <input type="checkbox"/> | <input type="checkbox"/> | Is emergency transportation available? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility have an arrangement with a dentist to provide residents with dental care on a routine basis or on an as-needed basis?
Ask for the names of dentists who provide care for residents. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are pharmaceutical services supervised by a pharmacist? Ask for the pharmacist's name. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does a pharmacist maintain and monitor a record of each resident's drug therapy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents allowed to choose their own pharmacy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a separate room been set aside for storing and preparing drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there at least one registered nurse (RN) or licensed vocational nurse (LVN) on duty day and night? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is an RN on duty during the day, seven days a week? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does an RN serve as director of nursing services? |
| <input type="checkbox"/> | <input type="checkbox"/> | If the conservatee requires special services such as physical therapy or a special diet, can the facility provide them? |
| YES | NO | Ask Yourself: |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the conservatee's doctor willing to visit the facility? |

MEAL QUESTIONS

- | | | |
|--------------------------|--------------------------|---|
| YES | NO | Ask the Facility Administrator: |
| <input type="checkbox"/> | <input type="checkbox"/> | Are at least three meals served each day? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are meals served at normal hours, with plenty of time for leisurely eating? Ask to see the meal schedule. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are more than 14 hours scheduled between the evening meal and the next day's breakfast? |

CHECKLIST FOR SELECTING A CARE FACILITY

MEAL QUESTIONS

YES NO Ask the Facility Administrator (continued):

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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | May I visit the dining room during mealtime? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are nutritious between-meal and bedtime snacks available?
What is served? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are special meals prepared for patients on therapeutic diets? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can visitors join residents at mealtime? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a charge for visitors' meals? |

YES NO Ask Yourself:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Ask to sample a meal. Does the meal that is served match the posted menu? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents given enough food? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do the meals look appetizing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the food taste good? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is food served at the proper temperature? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the dining area attractive and comfortable? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do residents who need help eating receive it, either in the dining room or in their own rooms? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the kitchen clean and reasonably tidy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is food that should be refrigerated left standing out on counters? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is waste properly disposed of? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do kitchen staff follow good standards of food handling? |

FINANCIAL QUESTIONS

YES NO

Ask the Facility Administrator:

What is covered by the basic monthly fee, and what isn't covered?

☐☐

Is there a list of fees for specific services that aren't included in the basic rate?

☐☐

Is there a refund for unused days that were prepaid?

☐☐

Is there a minimum period (sometimes called a private pay period) before the facility will accept Medi-Cal?

YES NO

Ask Yourself:

Does the contract between the resident and the facility clearly state:

☐☐

Costs?

☐☐

The admission dates?

☐☐

Services that will be provided?

☐☐

Discharge and transfer conditions?

How does the cost compare with that of other facilities?

C. Caring for the Conservatee in a Care Facility

If you move the conservatee to a care facility, it is still up to you to make sure that he or she gets proper health care, nutrition, social stimulation, grooming, and recreation. Visit the facility periodically. Review the conservatee's file with the nursing shift supervisor and speak with the doctors frequently to make sure the conservatee is being well cared for. If you think the conservatee isn't being cared for adequately or is being abused, contact the local long-term care ombudsman office for help.

For telephone numbers and other information regarding local long-term care ombudsman offices, see Appendix B, "How to Find and Use Community Resources," at the back of this handbook.

WAYS TO ENHANCE THE CONSERVATEE'S QUALITY OF LIFE AT HOME OR IN A CARE FACILITY

- Arrange a network of visitors. The more people who show concern, the happier the conservatee will be. Care facility staff are also often most attentive to those residents who have frequent visitors.
- If the conservatee has been active in a church or synagogue, arrange for congregation members or clergy to visit on a regular schedule.
- Decorate the area around the conservatee's bed with familiar objects. Care facility residents have the right to have personal belongings from home in their rooms.
- Place a bulletin board near the bed. Put up photos showing family and friends with the conservatee. Include photos of the conservatee at different ages and in happy times.
- Put diplomas, letters of appreciation that were written to the conservatee in earlier years, and other mementos on the bulletin board.
- Encourage family and friends to write letters and cards. Post them on the bulletin board and help the conservatee write back.
- Hire a part-time aide to help, to keep the conservatee company, or to take the conservatee on outings.

- Arrange for the conservatee to be taken out for activities such as day-care programs, described in Section 7(E) later in this chapter; entertainment; family gatherings; and beauty or barber services.
- Provide favorite foods and beverages.
- Provide a radio, stereo, television, or VCR, with a remote control if the conservatee can't move around easily. If the conservatee shares a room, provide earphones.
- Rent old movies with the conservatee's favorite stars and show them on the VCR.
- Provide ear plugs if the conservatee shares a room in a care facility.
- Arrange for a telephone with a private line.
- Arrange parties for the conservatee on birthdays and other special occasions. Have the conservatee act as host.
- Thank the conservatee's caregivers often.
- Nearby family members, friends, and neighbors often are willing to look in on the conservatee and help with shopping or take the conservatee to medical and dental appointments or on recreational outings. You might offer to pay their reasonable out-of-pocket expenses.

3. Keeping the Conservatee Healthy

Often conservatees have health problems that require medical care. Special health problems might include Alzheimer's disease, cancer, or alcoholism. Learn about the conservatee's particular health conditions so you know what to expect and how to help.

You may wish to consult a support group or organization that provides information about the conservatee's specific disease or disability. The list of health information organizations at the end of Section 3(A) includes toll-free phone numbers for many of these organizations.

A. Securing Health Insurance

Every conservatee should have health insurance, if at all possible. Make every attempt to obtain health insurance for the conservatee, including dental insurance.

Find out what kind of coverage the conservatee already has. If he or she has no health insurance, or if present insurance is not adequate, find out if the conservatee is eligible for additional or alternative coverage. Possible sources of coverage, in addition to private insurers such as health maintenance organizations (HMOs), include Medicare, Medicare supplemental (Medigap) insurance, Medi-Cal, and veterans' or retired military health benefits. California Major Risk Medical Insurance is a last resource for persons who cannot obtain any other health insurance. It is limited in its annual and lifetime coverage. You should be careful not to cancel any existing health insurance coverage before you are certain you can replace it if you need to.

CAUTION Be careful if you are considering a change in medical insurance. Make sure any new medical plan will accept the conservatee and has the same or better benefits than the old plan.

The California Department of Aging sponsors the Health Insurance Counseling and Advocacy Program (HICAP), which can answer questions about health insurance for elderly people. You should discuss health insurance issues thoroughly with a HICAP health insurance counselor and with your lawyer before you commit to any course of action. **L**

For more information regarding health insurance, see Appendix A, "Guide to Medicare, Medi-Cal, and Other Health Insurance," at the back of this handbook.

For information about contacting HICAP, see Appendix B, "How to Find and Use Community Resources," at the back of this handbook.

If you are not handling the conservatee's money, contact the person who is. Find out what the conservatee can afford to spend on health insurance and who will file insurance claims, sign authorizations to release medical information, and keep the records necessary to make sure that all insurance payments are received.

HEALTH INFORMATION ORGANIZATIONS

AIDS and HIV Information (CDC National AIDS Hotline)	(800) 342-AIDS	www.ashastd.org/nah
Al-Anon	(Check local directory)	www.al-anon.org
Alcoholics Anonymous	(Check local directory)	www.alcoholics-anonymous.org
ALS Association (Lou Gehrig's Disease)	(800) 782-4747	www.alsa.org
Alzheimer's Association Information Line	(800) 272-3900	www.alz.org
American Cancer Society	(800) 227-2345	www.cancer.org
American Diabetes Association	(800) 232-3472	www.diabetes.org
American Heart Association	(800) 242-8721	www.americanheart.org
American Kidney Fund	(800) 638-8299	www.akfinc.org
American Lung Association	(800) 586-4872	www.lungusa.org
American Parkinson Disease Association	(800) 223-2732	www.apdaparkinson.com
Arthritis Foundation	(800) 283-7800	www.arthritis.org
Brain Injury Association	(800) 444-6443	www.biausa.org
HICAP (California Department of Aging, Health Insurance Counseling and Advocacy Program)	(800) 434-0222	www.cda.ca.gov/html/ programs/hicap.htm
Huntington's Disease Society of America	(800) 345-HDSA	www.hdsa.org
Muscular Dystrophy Association	(800) 572-1717	www.mdausa.org
National Kidney Foundation	(800) 747-5527	www.kidney.org
National Multiple Sclerosis Society	(800) 344-4867	www.nmss.org
National Parkinson Foundation	(800) 327-4545	www.parkinson.org
Veterans Health Administration	(877) 222-VETS	www.va.gov/vbs/health

B. Consenting to Medical Treatment

In most cases, the conservator and the conservatee share the right to make decisions about the conservatee's health care. In other words, you or the conservatee may authorize medical treatments. However, you may not arrange for a particular treatment if the conservatee objects to it.

If you think the conservatee is making a mistake by refusing treatment, talk to your lawyer about your options. **L**

Exclusive authority If you believe at some point that the conservatee has lost the ability to make sound medical choices, check with your lawyer about asking a judge to take away the conservatee's right to make medical treatment decisions and to give that right to you. **L**

If a judge is persuaded that the conservatee is not capable of making health care decisions, the judge may give you **exclusive authority** to make these decisions. If you or the person who petitioned for your appointment as conservator asked that you be granted exclusive authority when you were appointed and the court granted the request, your Letters will show that you have this authority. The request was made in the petition for your appointment.

You may also ask for exclusive authority at any time after your appointment if it wasn't granted at that time. To do so, you must complete, sign, and file Judicial Council form GC-380, *Petition for Exclusive Authority to Give Consent for Medical Treatment*. The court's order granting that authority is filed on Judicial Council form GC-385, *Order Authorizing Conservator to Give Consent for Medical Treatment*. Blank copies of both forms are included in Appendix F at the back of this handbook.

If the court grants your request for exclusive authority after your appointment, you would then need to get the court clerk to issue a new set of Letters showing that you have this authority. Your lawyer would prepare and file the petition, obtain the court's order, and see that you receive your new Letters. **L**

You should give certified copies of your Letters showing your authority to the conservatee's hospital, doctors, and care facility. Often these people and institutions will be willing to accept, or make, a copy of a certified copy for their files.

The authority to make health care decisions for the conservatee is very important and should not be taken lightly. Try to involve the conservatee in your decisions and respect his or her desires as much as possible. Talk with

the conservatee's family and friends to figure out how the conservatee would have wanted things arranged.

Treatment of dementia A conservator must obtain specific authorization from a judge to give exclusive consent for the treatment of dementia by the use of **psychotropic drugs**. These may be prescribed by a psychiatrist or by the conservatee's regular physician. It is important for the conservator to conduct a regular review of this type of treatment, with all the conservatee's doctors, to monitor carefully the effect that such drugs may have on the conservatee.

Spiritual healing If the conservatee practices a religion that relies on prayer alone for healing, the conservatee's religious beliefs must be respected. You should speak with your lawyer about how to observe these beliefs while you take care of the conservatee's health needs. **L**

Use of life support The decision to use or withdraw life support is a difficult and sensitive one. If you are faced with this issue, talk with your lawyer, the conservatee's doctor, the hospital, and family members to help you decide what to do. **L**

Advance health care directive Check to see if the conservatee has signed an **advance health care directive**, which includes individual health care instructions as informal as a handwritten note, and also a very formal document called a **durable power of attorney for health care**. Another commonly seen individual health care instruction is a one-page document, sometimes called a **living will**, that gives instructions concerning the conservatee's maintenance on life-support devices.

The conservatee may have chosen someone to make medical decisions if he or she becomes unable to make them. This person has the exclusive power to make the medical decisions for the conservatee spelled out in the directive unless the court takes away that power. The conservatee's use of an advance health care directive may limit or take away completely the conservator's authority to make such decisions. As conservator, you must respect the conservatee's wishes. The directive may also describe the conservatee's intended or completed funeral and burial arrangements.

You should keep a copy of the directive and learn who has the original. The conservatee's hospital and doctors should be given a copy, and, if the conservatee is in a care facility, make sure the facility has a copy, too. If you think that the person who was chosen to make health care decisions is not acting in the conservatee's best interests, check with your lawyer to learn what you can do. **L**

In the following situations, you can never give consent for medical treatment:

- You may not have the conservatee sterilized; only a judge may make that decision.
- You may not make the conservatee have mental health treatment if he or she objects.
- You may not place the conservatee in a mental health treatment facility against his or her will.
- You may not authorize electroshock therapy.
- You may not authorize the use of experimental drugs.
- You may not authorize involuntary administration of psychotropic drugs to treat dementia without specific court authority.

C. Working with Doctors and Pharmacists

It is your responsibility to understand the care that is being given and why. Don't consent to treatment unless you feel fully informed. Even if the treating physician has been the conservatee's doctor for a long time, you are still the legally responsible person.

See "Tips for Working with Doctors and Pharmacists" later in this chapter.

D. Improper Medicines and Dosages

Make sure that the conservatee is not being given medication just for the caregiver's convenience, to keep the conservatee "easy to manage." It is not right to drug people to make them docile or to stop their complaining.

Older people may need smaller and less frequent dosages of many medicines than do younger people. This is because people's bodies slow down as they age, and many medicines stay in the system longer. The conservatee's doctor may have to adjust the dosage of prescribed medicines for this reason. Ask the doctor to tell you what symptoms might indicate that a dosage of prescribed medication is too strong for the conservatee.

TIPS FOR WORKING WITH DOCTORS AND PHARMACISTS

- Let the conservatee's health care providers know that they should contact you about any medical matters, and talk with them regularly. When you can't reach the doctor, the nurse or physician's assistant may be able to keep you informed.
- Find out how often the conservatee should see the doctor.
- Be sure you know if the conservatee should be on a special diet or needs to avoid any particular food.
- Review the doctor's plan for treating the conservatee, and ask why a treatment is needed. Think about the long-range effects. Ask if the doctor has considered other treatments. If you have any doubts, get a second opinion from another doctor.
- Make sure that all the conservatee's doctors are in contact with one another and are aware of each other's treatments of the conservatee.
- You have the right to change the conservatee's doctor or to get another opinion. Consider, however, how the change will affect the conservatee. If you do change doctors, make sure that the new doctor sees all the conservatee's medical records.
- Know what medicines the conservatee is taking.
- Learn what side effects these medicines could cause, how to control them, and what kinds of reactions should be reported to the doctor at once.
- Take all of the conservatee's medicines to the pharmacy. Ask the pharmacist if the prescriptions are current and whether this combination of medicines could cause a bad reaction.
- Set up a system for keeping track of the conservatee's use of medicines. You need to be sure that the conservatee is taking the proper dosages at the right times. "Tips for Working with Aides" later in this chapter has more information about how to do this.

A doctor should examine an older person who is taking medicine at least once a month. You should talk to the doctor to find out

- What the examination showed
- What medicines are being given
- How long the medicines are to be given
- The reasons for giving the medicines
- How the medicines may affect the conservatee

If you are not satisfied with the answers, get a second medical opinion.

E. Arranging Dental Care

Make arrangements for the conservatee to have regular dental care. Regular dental care is important because healthy teeth or well-fitting dentures allow the conservatee to eat well-balanced meals. If the conservatee wears false teeth, he or she should see a dentist periodically to have the dentures relined.

If someone else handles the conservatee's money, find out whether the conservatee has dental insurance and, if so, the services that it covers.

Many older people have had negative, even frightening, experiences with dentists. Dental practice today is much improved over what the conservatee may remember and emphasizes relieving pain and preserving, rather than removing, teeth. If the conservatee expresses fears about going to a dentist, do the following:

- Find a dentist who has a good reputation for caring for older people.
- Set up an appointment for the conservatee just to meet the dentist.
- Ask the dentist to ease into difficult treatments by doing the simple, less painful work first.

F. Obtaining Hearing Aids, Eyeglasses, and Other Devices

You may significantly improve your conservatee's quality of life by making sure that he or she has all the aids needed and readily available to enhance enjoyment of many ordinary daily activities or even to make them possible. The fol-

lowing are examples of common situations in which a very small action by you may make a tremendous difference to your conservatee.

Hearing aids If the conservatee has hearing problems, make sure he or she has a properly working hearing aid with good batteries. A good hearing aid can help the conservatee stay aware of his or her surroundings and stay connected to other people, especially in a care facility. Some conservatees need to be encouraged to wear their hearing aids regularly. If the conservatee won't use the hearing aid, try to find out why. It may need an adjustment to fit comfortably or to work at the right sound level.

Eyeglasses Well-fitting, frequently cleaned eyeglasses with the right prescription and comfortable frames help the conservatee get around without injury, recognize familiar faces, and read or watch television independently. Prescriptions for glasses should be rechecked every two years.

Other devices The conservatee may need special equipment to carry out daily living activities independently or with a little help. Special equipment includes

- Walkers
- Canes
- Wheelchairs
- Equipment for eating or reading
- Commodes
- Colostomy bags
- Oxygen

Many of these things may be available through the conservatee's medical insurance carrier. Otherwise, they may be rented or bought from medical equipment and supply companies. Check your local Yellow Pages under "Medical Equipment and Supplies."

G. Caring for Feet

Proper foot care helps the conservatee get around with only a little help or no help at all. As people grow older, their nails become tougher and grow faster and become harder to care for without aid. Foot care is especially important if the conservatee has diabetes or circulatory problems. Although the pain of circulatory problems can make walking difficult, these problems can be treated and sometimes healed completely.

H. Encouraging Personal Cleanliness and Grooming

It can be hard for impaired people to stay clean and well groomed. Tactfully figure out how to help. Don't criticize or embarrass the conservatee. Give him or her good reasons to change clothes, such as special occasions, photographs you want to take for the family, and compliments.

Bathing If the conservatee forgets or refuses to bathe, try to find out why. Is he or she afraid of slipping or falling? Do physical limitations make it hard to bathe? Is the bathing area warm enough? Does the conservatee feel that there's no one or nothing to clean up for?

WAYS TO ENCOURAGE CLEANLINESS

- Install grab bars in the bathtub or shower or provide a shower seat.
- Make sure the bathing area is well heated.
- Remind the conservatee to bathe.
- Hire an in-home aide who will help the conservatee bathe and who will trim fingernails and toenails. Think about whether the conservatee would prefer a male or female aide.
- Provide incentives such as a shopping trip or dinner out.
- Make sure the conservatee has soap, shampoo, a comb or hairbrush, a toothbrush, and toothpaste. Some people may also want bath salts, mouthwash, cosmetics, or shaving supplies.

Bladder and bowel control If the conservatee is incontinent, make sure he or she has an adequate supply of disposable undergarments. To prevent accidents, schedule regular trips to the toilet.

4. Maintaining a Good Diet

Good nutrition means eating right to stay healthy. The conservatee needs a good diet to feel well. If the conservatee doesn't eat enough good, fresh food every day, he or she may become weak and have trouble walking or staying alert and awake.

Medicines may not work as well. The conservatee may become depressed or confused or may have hallucinations.

An important part of your job is to keep track of how much and what the conservatee eats. See “Ways to Help the Conservatee Eat Well at Home” and “Ways to Help the Conservatee Eat Well in a Care Facility” later in this chapter. A good diet contains bread and cereal, dairy products, fresh fruit and vegetables, and meat or meat substitutes such as cheese or beans.

A. Arranging Special Diets

Many conservatees have medical problems that require special foods, specially prepared foods, or both. For example, low-salt and low-fat diets are two kinds of special diets.

Ask the conservatee’s doctor or a nutritionist about the conservatee’s special needs. Organizations such as the American Heart Association and the American Diabetes Association have information about special diets. Refer to the list of health information organizations at the end of Section 3(A) earlier in this chapter. You may want to check bookstores and libraries for books with recipes for special diets.

B. Watching for Problems That May Lead to Poor Nutrition

People often stop eating well when they have a problem. You and others who see the conservatee regularly—personal-care aides, for example—should pay attention to any changes or problems in the conservatee’s life that could lead to poor nutrition, such as

- Loneliness
- Depression
- Stress or agitation
- The death of a loved one
- A fear of spending money
- A lack of money
- Memory problems that prevent the conservatee from remembering whether he or she has eaten

- A fear that food is poisoned
- Drinking too much alcohol or taking drugs that interfere with appetite
- Taking medicines that take away the conservatee's appetite or make the conservatee feel nauseous
- False teeth that don't fit
- A lack of interest in shopping for food or cooking
- An inability to shop or cook

WAYS TO HELP THE CONSERVATEE EAT WELL AT HOME

- Ask the conservatee which foods he or she likes.
- Learn about the conservatee's special eating problems. For instance, people with tender teeth or gums can't chew hard food. People with stomach problems may feel ill after eating a large meal or hard-to-digest foods.
- Be sure the conservatee has enough fresh food on hand that he or she likes and can prepare and eat easily.
- Check the refrigerator regularly and remove old, spoiled, or stale foods.
- Arrange for somebody—you or a friend or neighbor—to be with the conservatee for at least one meal a day. Loneliness at meal times can hurt the appetite.
- Provide transportation to a senior nutrition site where meals are served.
- Arrange for Meals on Wheels or a similar program to deliver one meal a day. Find out whether the conservatee eats most of this meal.
- Provide nutritious snacks. Some people do better with smaller, more frequent eating. Include soft fruits or juices and whole-grain cereals.
- If there is an aide in the conservatee's home, ask that person to write down what the conservatee eats and drinks and how much of it. See "The Communications Notebook" at the end of Section 7(C) later in this chapter.

WAYS TO HELP THE CONSERVATEE EAT WELL IN A CARE FACILITY

- Visit the conservatee at meal times to see what is being offered and how it is served.
- Ask the facility administrator for a meal so that you can eat with the conservatee.
- Review the conservatee's medical chart to see how much and what types of food the conservatee is eating. This is very important if the conservatee has special dietary needs or can't feed himself or herself.
- See whether a record is being kept of the conservatee's weight gain or loss.
- Ask about dietary supplements if you think the conservatee is eating poorly. Liquid supplements can be helpful.
- Take along the conservatee's favorite foods and beverages when you visit.
- Take the conservatee out for meals and picnics.
- Put a small refrigerator in the conservatee's room, if it's allowed, and keep it stocked.
- Think about the conservatee's culture when you provide food. Does the conservatee want kosher, Chinese, or vegetarian dishes?

5. Providing Clothing

Clothing may create special problems. The conservatee may

- Gain or lose so much weight that clothes no longer fit
- Have clothing that needs to be repaired, altered, washed, or dry cleaned
- Change clothes infrequently
- Refuse to buy new clothes or be unable to afford them

- Mix things up; for example, wear underwear on the outside or clothes that aren't right for the weather or occasion
- Wear shoes that hurt so much that he or she may refuse to walk

CLOTHING TIPS

- Make a list of the conservatee's clothes, including shoes and underwear.
- Don't discard anything without considering the conservatee's wishes.
- Write down what clothes the conservatee needs, making sure you know the right sizes.
- Look through catalogs with the conservatee to find out which colors and styles he or she likes.
- Consider buying clothing in a limited number of colors so most of the clothes will match.
- Take the conservatee shopping during the least busy times.
- Look through a medical supply catalog for impaired people to find clothing that's designed to be easy to get on and off.
- Buy properly fitting shoes that are comfortable and safe for walking.
- Make sure the conservatee has clothes that are appropriate for various activities.
- Lay out outfits for the conservatee to wear on special occasions.
- Help the conservatee get dressed, or arrange for an aide to help.
- Arrange for regular washing and dry cleaning of the conservatee's clothes.
- Place compatible clothes together on hangers or in dresser drawers.
- If the conservatee lives in a care facility, label all clothes, shoes, and other property with the conservatee's name to prevent theft.
- If the conservatee lives in a care facility, ask the facility administrator whether a staff person, shopping service, or volunteer is available to shop

for clothes. If so, provide a list of the conservatee's sizes and preferred colors and styles.

6. Arranging Recreation and Social Contact

A conservatee may be able to continue activities and hobbies that have brought pleasure for many years. Chat with the conservatee and friends or family to find out what things the conservatee likes and still may be able to do. If the conservatee can't do things that he or she enjoyed doing in the past, such as dancing, suggest new activities such as card games, checkers, or listening to the radio.

A. Providing Reading Material and Eyeglasses

If the conservatee likes to read, make sure that he or she has interesting things to read, properly fitted eyeglasses for reading, and a good reading light. If the conservatee's eyeglasses are old, set up an eye examination. Find out which magazine subscriptions the conservatee has and whether he or she wants them renewed. Large-print books and magazines and books on audiotape can be found in many libraries and bookstores.

B. Helping the Conservatee Enjoy Music

Make sure that a radio or stereo is available if the conservatee enjoys music. If the conservatee has trouble hearing, be sure he or she has a properly working hearing aid with good batteries and encourage the conservatee to use it. Give the conservatee earphones if he or she shares a room.

C. Encouraging Contact with Family and Friends

When a person becomes a conservatee, he or she does not lose the right to visit with friends or family. Encourage the conservatee to keep in touch with family members, friends, and neighbors. You or someone else may need to help the conservatee write letters or make phone calls. Encourage family and friends to visit and write back, and suggest that they take the conservatee on regular outings and trips. Even extremely impaired people enjoy going to a restaurant or a park or out for a drive.

Do not isolate the conservatee by keeping friends or family away. However, if someone continually upsets the conservatee or the household in which he or

she lives, or if you believe someone may be attempting to take advantage of or harm the conservatee, contact your lawyer to find out how you may ask a judge to restrict that person's access to the conservatee. **L**

D. Outings and Trips

The conservatee may enjoy outings and trips. Many California conservatees were born and raised in other parts of the country, and they enjoy going home. For others, travel has been an important experience in their lives.

An important early consideration is whether the conservatee can afford to travel. Conservatee travel arrangements tend to be more complex, and more expensive, than other travel arrangements. Someone may need to accompany the conservatee. There may be questions about who will pay for travel and lodging costs for persons other than the conservatee. The conservatee must be physically able to travel and may need to have a number of special accommodations.

Consider the benefit that the conservatee will receive from travel arrangements, and consult the conservatee's doctor and your lawyer before arranging a trip. **L** Court authorization or medical clearance, or both, may be necessary.

E. Finding Structured Activities Away from Home

Organized by community agencies, structured day activities such as adult day health care, adult social day care, and senior centers help maintain the conservator's physical and mental health. A number of these programs and services are described in Section 7, which follows.

7. Tapping Helpful Resources

Several community service agencies are available to help conservators in carrying out their duties to conservatees, especially in urban areas. Some provide free services, while others charge fees based on the conservatee's **income**.

See Appendix B Appendix B, “How to Find and Use Community Resources,” at the back of this handbook, has more information about locating the local services and resources described in this section.

Ask the court for its local supplement Many superior courts have a local supplement to this handbook. This may have additional information about local court requirements, and many also have important information about local community resources that may be available to assist you or the conservatee. If you did not receive a local supplement when you received this handbook, check with the court clerk to make sure you have all of the local materials you need.

A. Case Management Services

Case managers can help you figure out what types of assistance the conservatee needs and refer you to personal, health, mental health, and social services. **Case management** and assessment services may be especially helpful to you in preparing your plan of conservatorship, and case managers can help you carry out your plan. These services may be provided in your area by private professionals and by community-based agencies.

B. Meal Services

Services such as Meals on Wheels deliver food to the homes of elderly people who can't or won't cook for themselves, or who can't leave home. In many communities, public agencies run group dining rooms that provide meals and social contact. Transportation often is available to take people to these meal sites.

C. Homemaker, Home Health, and Personal-Care Services

Trained in-home aides are helpful for conservatees whose problems do not require nursing care or 24-hour supervision. They can help with household chores, personal care, and health care and can keep the conservatee from hurting himself or herself. They may clean the house, do the laundry, shop for food, or cook. They also may feed, bathe, groom, and dress the conservatee; care for prosthetic devices; and help the person get around. See “Tips for Working with Aides” later in this chapter for ways to get the best help from an aide.

Sometimes conservators and conservatees are reluctant to hire an in-home aide because they worry that the person may steal the conservatee's money or possessions. Some conservatees feel that anyone would steal from them, and they readily accuse others of theft, even when nothing is missing. The tips in Chapter 5, Section 7(A), "Ways to Protect the Conservatee's Valuable Possessions," can help you put your mind at ease.

Medi-Cal or Medicare may pay for some home health services. In-home help is available to frail, low-income people without charge from the county Department of Social Services (In-home Supportive Services) or from individuals and agencies on a fee-for-service basis.

You are responsible for giving instructions and making sure that the aide follows them. Before you hire an aide, you and the conservator of the estate must agree on all details of hiring, paying, and monitoring in-home assistants. You can directly find, hire, pay, and supervise an aide to help the conservatee. Or you can go through an agency that will recruit, hire, pay, and supervise the aide for you.

Agencies Usually a full-service homemaker, home health, or personal-care agency recruits, hires, and pays aides who are employees of the agency. Using an agency can save you time and bother.

An agency screens applicants and checks their references and U.S. residency status. The agency withholds income and other taxes from the aide's wages. It provides all required insurance, such as workers' compensation, and it bonds the aide. The agency supervises the aide, taking disciplinary action or terminating the employee if necessary, and it will send a temporary replacement aide if the regular aide is ill or otherwise unable to work.

For these services, you pay the agency a fee that covers both the aide's wages and the agency's expenses and profit. Since the aide continues to be the agency's employee, you are not allowed to hire the aide directly without the agency's permission. The agency may charge you a fee if you wish to hire the aide away from the agency.

Hiring directly You can hire an aide through a registry. For a fee, registries will give you a list of aides to interview. If you hire one, you will be the employer, not the registry.

Or you can find an aide through a friend or community service organization's referral, an ad, or some other way. If you hire an aide directly, you will have a number of responsibilities as an employer, including paying taxes, checking the person's immigration status, and obtaining workers' compensation insurance. See

Chapter 5, Section 7(J), “Hiring and Paying Aides for the Conservatee,” particularly the checklist, for more information on hiring and employing aides. If you intend to hire an aide directly, consult with your lawyer concerning employer responsibilities and liabilities. **L**

TIPS FOR WORKING WITH AIDES

- Make up a list of specific tasks for the aide to do, including the times that these tasks should be done.
- Go over the list with the aide to make sure it’s clear.
- Check periodically to make sure the tasks are being done properly and on time.
- Show the aide where you’ve posted instructions for emergencies. Include phone numbers for the conservatee’s doctor; the hospital; your workplace and home; and fire, police, and ambulance services (911).
- Show the aide where to find the conservatee’s social security number, Medicare card, and any other health insurance cards.
- Tell the aide what he or she may buy for the conservatee; ask the aide to keep receipts, and pay back the aide promptly.
- If you, not an agency, pay the aide, pay him or her promptly at the end of the pay period.
- Have a backup plan if the aide is sick or can’t work for any reason. Make sure that the aide notifies you, not the conservatee, if he or she can’t work on a particular day or shift.
- Although only a licensed vocational nurse (LVN) or other licensed health professional may dispense prescription medicines, other attendants may assist the conservatee and remind the conservatee to take his or her medicine.
- Set up a notebook to keep track of doctors’ instructions, medications, and the conservatee’s activities. Ask each aide to make regular entries in the notebook and to read it every day for new instructions. See “The Communications Notebook” at the end of this section for an example of a communications notebook.

- Regularly read the notebook so that you know what is happening in the conservatee's everyday life.

D. Senior Centers

Senior centers offer a variety of daily activities, which may include card games, travelogues, movies, dances, exercise classes, and daylong bus trips to nearby places of interest. Many senior centers provide one or more hot meals each day for a small fee.

E. Adult Social Day-Care Programs

Adult social day care provides planned, supervised social, recreational, and nutritional services for adults who need some supervision. Activities may include cooking; exercise classes; practice in daily living activities; arts and crafts; art, music, poetry, and movement therapies; memory training; and current events discussion groups. Meals or snacks usually are included in the fee. Insurance policies rarely pay for adult social day care.

F. Adult Day Health Care Services

Adult day health care (ADHC) is useful for people such as stroke victims who are mobile but may need physical, speech, or occupational therapy or other services. Medi-Cal may pay for ADHC services because ADHC centers are staffed by health care professionals.

G. Day Programs for People with Developmental Disabilities

Several types of day programs are designed to meet the needs of adults with developmental disabilities:

- **Activity centers** Activity centers teach the basic skills that a developmentally disabled person needs to work, to integrate into the community at large, and to advocate for himself or herself.

- **Adult development centers** Adult development centers teach people with developmental disabilities basic self-help skills such as how to interact with others, how to make one's needs known, and how to respond to instructions.
- **Behavior management programs** These programs focus on behavior problems that prevent a person with a developmental disability from participating in other day programs.
- **Independent-living programs** These programs teach skills that a person with a developmental disability needs to live independently.
- **Social recreation programs** These programs offer leisure and recreational activities that integrate people with disabilities into the community at large.

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THE COMMUNICATIONS NOTEBOOK

It is important that you and the conservatee's aide share significant information about the conservatee's health, condition, and activities. A communications notebook is a great way to do this.

Buy a three-ring loose-leaf binder and set up three separate sections:

- Log of Doctors' Instructions
- Medications Log
- Activity Log

Make sure that every aide checks the notebook every day for new information and make sure that the aides make daily entries in each section, as appropriate. Look over the notebook every time you visit the conservatee.

SECTION 1: LOG OF DOCTORS' INSTRUCTIONS

Every time the conservatee sees a doctor, the person who accompanies the conservatee, whether you or an aide, should write down any instructions the doctor gives. The log for this section of the notebook should include the following items of information, for example, in a separate column for each item:

- Date of instructions
- Name of doctor who gave instructions
- Instructions: The person accompanying the conservatee must write down the instructions in detail and read them back to the doctor to make sure they are correct. The doctor will likely give instructions regarding medicines, such as their timing, dosage, and duration; the type and frequency of recommended exercise or physical therapy; the frequency and manner of changing surgical dressings or taking vital signs; or the date, location, and preparations for scheduled tests, examinations, or other medical procedures. The person recording the instructions should sign his or her name or initials to each entry.

Section 1: Doctors' Instructions

Date	Doctor	Instructions
2/9/02	Dr. Patel	Continue giving conservatee one mg tablet of Elavil three times a day (8 am, 2 pm, 8 pm) until further notice.
		Continue giving conservatee one 20 mg tablet of Septra two times a day (10 am, 4 pm) until 2/22/02. Continue giving conservatee one 100 mg tablet of Theragram M Multivitamin after breakfast.
2/14/02	Dr. Moore	Soak conservatee's left elbow in warm water for 15 minutes twice a day (9 am, 3 pm).

SECTION 2: MEDICATIONS LOG

When anyone gives medicine to the conservatee, whether prescribed or over-the-counter, that person should record the details in a medications log. This log should include the following items of information, for example, in a separate column for each item:

- Date and time medication given
- Name of medication and amount or dosage given
- Comments, including notes of any refusal to take medication, any medication dosages accidentally skipped, and any unusual reactions to the medication (nausea, dizziness, behavior changes, changes in vital signs, and so on)
- Name or initials of person who gave medication

Section 2: Record of medications

Date	Time	Medications Administered	By Whom	Comments
<i>2/15/02</i>	<i>8:05 am</i>	<i>1 tablet Elavil</i>	<i>Connie</i>	
<i>2/15/02</i>	<i>8:25 am</i>	<i>1 tablet Theragram</i>	<i>Connie</i>	
<i>2/15/02</i>	<i>10:02 am</i>	<i>1 tablet Septra</i>	<i>Connie</i>	
<i>2/15/02</i>	<i>11:25 am</i>	<i>1 tablet aspirin</i>	<i>Connie</i>	
<i>2/15/02</i>	<i>2:03 pm</i>	<i>1 tablet Elavil</i>	<i>Connie</i>	
<i>2/15/02</i>	<i>4:02 pm</i>	<i>1 tablet Septra</i>	<i>Connie</i>	
<i>2/15/02</i>	<i>8:03 pm</i>	<i>1 tablet Elavil</i>	<i>Susan</i>	
<i>2/15/02</i>	<i>9:06 pm</i>	<i>1 tablespoon cough syrup</i>	<i>Susan</i>	

SECTION 3: ACTIVITY LOG

Each aide should record details about the events that occurred during each shift. This log should include the following items of information, for example, in a separate column for each item:

- Date and time of event or shift
- Name or initials of person making the entry
- Details about activity or condition of conservatee: Details should include, depending on the conservatee's current physical and mental condition and circumstances, observations about the conservatee at the beginning of the shift, such as what the conservatee was doing; what (and how much) he or she ate and drank; bathroom visits and results; and what he or she did during the shift; It should mention events occurring during the shift, such as telephone calls or visitors; and it should describe any changes in the conservatee's condition, behavior, or mood.

Section 3: Activity Log

Date	Time	Aide	Activity
2/15/02	7:15 am	Connie	Conservatee awakened, washed, and dressed.
2/15/02	7:35 am	Connie	Prepared breakfast per weekly menu.
			Conservatee ate all of toast, half of
			oatmeal, half a glass of juice, and half a
			banana. Conservatee in bed.
2/15/02	8:30 am	Connie	Barbara Lewis called conservatee, who
			appeared to be upset by call.
2/15/02	8:45 am	Connie	Conservatee voided approximately 300 cc,
			was washed. Changed underpads on bed.
2/15/02	9:05 am	Connie	Soaked conservatee's elbow in warm water
			for 15 minutes, followed by 10 minutes of
			exercise and massage.
2/15/02	9:35 am	Connie	Gave conservatee 4 ounces of cranberry
			juice. Drank half.

H. Transportation Services

In many communities, public or private agencies offer transportation for people who have trouble getting around because of physical or mental problems. Specially equipped vehicles may be available that can be scheduled to pick up the conservatee and take him or her to medical and social service appointments. Some agencies furnish an escort who can take the conservatee to an appointment or to the park or a shopping mall.

If the conservatee can get around alone, buy a bus pass or taxi coupons for his or her use. This lets the conservatee travel independently without carrying cash.

I. Personal Contact Programs

Some agencies will phone people who are confined to their homes, or they will send someone on a regular basis (a “friendly visitor”) to visit them to see how they are doing and to make personal contact. This is called social reassurance. Some agencies offer free services, while others charge a fee. Or you can ask neighbors and friends to stop by and to call.

J. Emergency Response Devices

Electronic emergency response devices allow a person to alert someone to an emergency in the home—for example, if the person has fallen and can’t get up. Some of these systems are for sale; others can be rented by the month. Hospital social service departments may offer this service or be able to refer you to a reputable company.

K. Counseling

A conservatee’s emotional state affects how well he or she performs on a day-to-day basis. Many conservatees are depressed, and counseling can help them lead happier lives. Counseling may be available through community organizations such as family service agencies, mental health clinics, or hospitals.

L. Respite Care: Giving the Caregiver a Break

Caring for dependent people can be exhausting; those who do need to take time off now and then. Hiring help or sending the conservatee to a day-care center or to stay in a care facility for a short time can give the caregiver a break.

This is called respite care and can last from a few hours to a few weeks. It may offer the conservatee a welcome change as well. The Department of Veterans Affairs, some board-and-care homes, and some nursing homes offer respite care, and regional centers may make referrals for respite care.

M. Work-Training Programs

The California Department of Rehabilitation offers vocational rehabilitation services for people with physical or mental disabilities. These services are designed to help people with disabilities work at full-time or part-time jobs.

The Department of Rehabilitation provides the following services:

- Counseling
- Job placement
- Job training
- Rehabilitation
- Transportation
- Attendants
- Specialized equipment and devices

The department also provides supported employment services to help people with severe disabilities work in the general community. For example, the department might arrange for an aide to help the person get to and from work. State-funded regional centers (see Chapter 3, Section 6) arrange work-training programs geared to the special needs of people with developmental disabilities.

N. Schools and Colleges

Check with the local high school and community college to find classes that may benefit the conservatee. For example, a local community college may offer a stroke recovery program.

See if there are any other classes that interest the conservatee. Some community colleges and adult education programs offer exercise, art, music, psychology, and other classes off-campus in retirement communities and at senior centers.

School districts must provide special educational programs and services to people with disabilities until they turn 22. The unique needs of each disabled student must be met with specially designed instruction and with services that are needed to help the student get an education, such as transportation, speech therapy, physical therapy, and counseling.

8. Protecting the Conservatee from Harm

Unfortunately, those with physical and mental problems sometimes are abused or neglected. Be on the lookout for signs that the conservatee is not being cared for properly or is being mistreated. Sometimes unexplained bruises or injuries, trouble sleeping, poor personal hygiene, or fear of a particular person or place may be signs of a problem.

If you are concerned that the conservatee may have been abused, neglected, or overmedicated in a care facility, do the following:

- Talk to care facility staff or the administrator.
- Speak with the conservatee's doctor or pharmacist about the problem.
- Complain to the care facility's licensing agency or the local long-term care ombudsman program office. Appendix B, "How to Find and Use Community Resources," at the back of this handbook lists these resources.
- Ask your county's social services department or the police for help.
- Think about moving the conservatee to another facility.

9. Keeping the Conservatee from Causing Harm

It is your responsibility to take whatever reasonable steps you can to stop the conservatee from hurting someone or damaging someone else's property. Your lawyer can suggest courses of action. **L**

For example, if the conservatee has a driver's license, but you have seen the conservatee drive dangerously, you should

- Let the Department of Motor Vehicles know so that it can start the process of canceling the conservatee's driver's license.
- Consider having the conservatee's vehicle disabled so that he or she can't use it. Consider also storing the vehicle where the conservatee can't get it, or even selling it before it depreciates if the conservatee will not be using it in the foreseeable future. Coordinate storage or sale with the conservator of the estate if that is a separate person.

- Arrange for another means of transportation, so the conservatee doesn't need to drive. For example, you might buy a bus pass or taxi coupons for the conservatee or arrange for community van service, if it's available.

If you don't take all the reasonable steps that you can to stop the conservatee from causing harm, you may have to pay out of your own pocket for the cost of any damage to people or property.

You or the conservator of the estate may be able to obtain insurance that will reduce the risk that you or the conservatee will have to pay out money for such harm. If you are worried that there is a serious risk that the conservatee may cause harm, check with your lawyer. **L**

10. Conservators Who Live Out of the Area

Even though you don't live near the conservatee, you still must carry out your duties as if you lived nearby. If you can't do certain things personally, you must make other arrangements and have them approved by the court.

HINTS FOR PERSONAL CONSERVATORS WHO LIVE OUT OF THE AREA

- Have a nearby friend, neighbor, or relative visit the conservatee frequently and report back to you. You may want to offer to pay the friend or neighbor reasonable out-of-pocket expenses.
- Regularly telephone the place where the conservatee lives and speak to people in charge and to the conservatee. Try to speak to the conservatee in private, if possible.
- Send frequent cards and letters that can be read aloud to the conservatee if he or she is not able to see or read. Whenever possible, include photographs.
- Arrange for regular visits by a priest, minister, or rabbi or others from the conservatee's religion.
- Send flowers from time to time.
- Have a telephone put in the conservatee's room if he or she lives in a care facility.
- Frequently thank the care facility staff.

- Consult a private case manager, the social work department of a hospital, or the court investigator in the conservatee's community if you need information, referrals, or assistance.
- Visit the conservatee periodically.

Reimbursement for travel expenses It's possible that your travel expenses to visit the conservatee could be paid from the conservatee's assets, depending on the distance traveled, but it is generally safer to pay travel expenses yourself if you can afford it, at least during the first year of the conservatorship, and then to seek court approval for reimbursement from the conservatee's assets at the time you ask for fees as compensation for your services as conservator.

Reimbursement for purely local travel expenses, including the cost of fuel or mileage and parking charges, is usually not approved by the court if you intend to request fees for your services, as this kind of expense is considered paid by an award of compensation. If you are not going to ask for fees, the court will probably authorize you to reimburse yourself from the conservatee's assets for local travel expenses. However, you should not reimburse yourself until the court has authorized you to do so.